

FOND DU LAC COUNTY DEPARTMENT OF SOCIAL SERVICES

FOSTER PARENT APPLICATION

Applicant #1 Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Last Name	First Name	Middle Name
	Social Security Number	Birthdate	Birthplace
	National Origin	Aliases (include maiden name)	

Applicant #2 Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Last Name	First Name	Middle Name
	Social Security Number	Birthdate	Birthplace
	National Origin	Aliases (include maiden name)	

Residence	Complete mailing address		City	State	Zip
	How long have you lived at your current residence? _____ If less than 5 years, please list other places of residence and dates you resided there. _____ _____ _____ _____				
	County of Residence:		Name of Township or Village		
	How long have you lived in this county? _____				
	How long have you lived in Wisconsin? _____				
Telephone - Home: _____ Work: _____ Cell: _____		E-Mail address			
Directions to Home					

	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent the residence you live in?

Marital Information	Present Marriage Date	Place of Marriage
	Applicant #1 Have you been married previously? <input type="checkbox"/> yes <input type="checkbox"/> no	
	Applicant #2 Have you been married previously? <input type="checkbox"/> yes <input type="checkbox"/> no	
	List dates, place and reason for divorce(s):	
	Has any support or alimony obligations been ordered? <input type="checkbox"/> yes <input type="checkbox"/> no If so, indicate the county where the judgment has been ordered:	

Child of Applicants	Name		Relationship (biological, adopted, step-child)
	Birthdate		Birthplace
	Address if not in home		
	School	Grade	Employment

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	Birthdate		Birthplace
	Address if not in home		
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	Birthdate		Birthplace
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	Birthdate		Birthplace
	Address if not in home		

	School	Grade	Employment
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(List any other children on a separate page or on back of this page.)

Others in Household	Name		Relationship (biological, adopted, step-child)	
	Birthdate		Birthplace	
	Address if not in home			
	School	Grade	Employment	

Others in Household	Name		Relationship (biological, adopted, step-child)	
	Birthdate		Birthplace	
	Address if not in home			
	School	Grade	Employment	

Birth Family Applicant Name	Mother's Name / Age		Father's Name / Age	
	Sibling / Age		Sibling / Age	
	Sibling / Age		Sibling / Age	
	Sibling / Age		Sibling / Age	

Birth Family Applicant Name	Mother's Name / Age		Father's Name / Age	
	Sibling / Age		Sibling / Age	
	Sibling / Age		Sibling / Age	
	Sibling / Age		Sibling / Age	

Education	Name:	Name:
	Elementary School/City	Elementary School/City
	High School/City	High School/City
	Diploma Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Year of Graduation:	Year of Graduation:
	List any post-high school education, dates attended, degrees earned:	List any post-high school education, dates attended, degrees earned:
Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date/Type/Discharge:	Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date/Type/Discharge:	

Employment (past 5 years) Applicant Name	Employer	Position	Dates of Employment	Reason for Leaving

Employment (past 5 years) Applicant Name	Employer	Position	Dates of Employment	Reason for Leaving

(List any additional employment on a separate page or back of sheet.)

Description of Home	Type of Residence	Total square footage of indoor living space:
	# of Bedrooms	# of Bathrooms
	Provide dimensions for each bedroom:	
	Describe sleeping arrangements of present household members:	

	Describe sleeping arrangements available for foster children:
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School District Information	Name of School district:	
		School Names
	Elementary	
	Middle/Junior High	
	High School	

Church Affiliation	Religion:
	Name/Address of Church:

Medical	Name of Family Physician
	Describe health problems of each applicant:
	Describe health problems of any children of the applicant:
	List reason for any hospitalizations & dates (include all members of the family)
	Any household member currently on medications? If yes, specify type and purpose:

Lifestyle	Does anyone in the household smoke? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who?
	Has anyone in the household been treated for alcohol or other drug abuse problems? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide name of person(s), type of treatment, dates of treatment:
	Has anyone in household been treated or received counseling for emotional or psychiatric problems? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, name of person, name of therapist, and dates of treatment:

Transportation	Applicant #1 _____ Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide the following: State of License: _____ Expiration Date: _____ License # _____
	Applicant #2 _____ Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide the following: State of License: _____ Expiration Date: _____ License # _____

Household Finances	Annual Gross Income	Applicant 1	\$ _____
		Applicant 2	\$ _____
		Other Income Specify: _____	\$ _____
		Total Income	\$ _____
	Monthly Expenses	Housing/taxes/insurance	\$ _____
		Auto/gas/insurance	\$ _____
		Utilities	\$ _____
		Groceries	\$ _____
		Credit Card Debt	\$ _____
		Bank Notes/Loans	\$ _____
		Clothing	\$ _____
		Other Debt:	\$ _____
		Total monthly expenses:	\$ _____
	Assets	Current Home Value	\$ _____
		Savings Accounts	\$ _____
Stocks & Bonds		\$ _____	
Other: _____		\$ _____	
Other: _____		\$ _____	
Other: _____		\$ _____	

		Total:	\$ _____
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Household Finances (con't)	Other	Are the property taxes current on your home? <input type="checkbox"/> yes <input type="checkbox"/> no
		Have you ever declared bankruptcy? <input type="checkbox"/> yes <input type="checkbox"/> no
		If yes, indicate when and where:
		Have you ever had a civil judgment entered against you? <input type="checkbox"/> yes <input type="checkbox"/> no
		If yes indicate when, where, and amount of judgment:
		Has the judgment against you been satisfied? <input type="checkbox"/> yes <input type="checkbox"/> no
		If no, indicate the impediments to satisfying the judgment:
		Is your home mortgage/rent current? <input type="checkbox"/> yes <input type="checkbox"/> no
		If no, indicate the amount in arrears:

PREVIOUS FOSTER CARE EXPERIENCE	
<p style="text-align: center;">Applicant 1</p> <p>1. Have you ever applied for foster home license? <input type="checkbox"/>yes <input type="checkbox"/>no When and where _____</p> <p>2. Have you ever applied for any other license or certification for the care of children? <input type="checkbox"/>yes <input type="checkbox"/>no When and where _____</p> <p>3. Did you ever have a license or certification revoked? _____ If yes, when and by which agency: _____ _____ Why? _____ _____ _____</p>	<p style="text-align: center;">Applicant 2</p> <p>1. Have you ever applied for foster home license? <input type="checkbox"/>yes <input type="checkbox"/>no When and where _____</p> <p>2. Have you ever applied for any other license or certification for the care of children? <input type="checkbox"/>yes <input type="checkbox"/>no When and where _____</p> <p>3. Did you ever have a license or certification revoked? _____ If yes, when and by which agency: _____ _____ Why? _____ _____ _____</p>
<p>4. Have you ever applied for adoption? _____</p> <p>Where? _____</p>	

When? _____

Would you consider adoption? _____

If you have children currently attending school, please provide the following information so that we may contact each child's school for a reference with regard to your application:

School References	Child's Name	School	Address	Person to Contact

**Conceal/
Carry**

Does anyone in your family have a conceal/carry permit? ☐ Yes ☐ No

**Contact
with Social
Services**

Have you or any member of your household/family ever been referred to a Child Protective Service Agency for a child abuse/neglect complaint or any other contact with the Department of Social Services. ☐ Yes ☐ No If yes, explain.

Legal

Has anyone in your household ever been arrested or convicted for any law violation?

☐ yes ☐ no

If yes, describe the circumstances:

In completing this application for licensing as a foster parent, I (we) understand there is no commitment or obligation by the licensing agency to place a child in my (our) home. I (we) also give the Fond du Lac County Department of Social Services permission to contact the references listed.

I (we) acknowledge that the information contained within this application is accurate and true to the best of our knowledge. I (we) understand that providing false information within this application may be grounds to deny our application for licensing.

Signed: _____

Date: _____

Print Name: _____

Signed: _____

Date: _____

Print Name: _____

SS:lcj 9/25/06 SHELL\LJ4880 SS:nr Rev. 3/6/18

REFERENCES

List five (5) persons who know you well. One relative may be included.

PLEASE PRINT

Name(s) - <u>Relationship</u> : (friend, coworker, etc.)	Address	Telephone

In completing this questionnaire, we (I) understand there is no commitment by the agency that a child will be placed in our (my) home. We (I) also understand that the agency is free to consult persons or agencies named herein and do any required criminal records check.

Signature Applicant #1	Date Signed
Signature Applicant #2	Date Signed

Applicants' Name and Address:
Please print.

Return to: